

IPAS defines priorities

IPAS priorities

Pages 2-11

Agency Wide 2 PADD 3-4 **PAIMI** 5-6 PAIR 7-8 8-9 CAP **PABSS** 9-10 PAAT 10 PAVA 10 PATBI 11



Pages 12-13

Readership Survey

Page 14

IPAS Commission and Council Members

Page 15

IPAS Staff Members

Page 15

oals help people focus. Goals are benchmarks by which one can measure success.

Every year, the Indiana Protection and Advocacy Services Commission develops and refocuses priorities to determine how its efforts will be directed. This new set of priorities, outlined in detail on the following pages, will be in use from October 1, 2003 to September 30, 2004.

These new priorities are based on input collected each year. The priorities are approved by the IPAS Commission.

These changing priorities also consider new laws that have been passed and the increasing development of technology. Therefore as you consider these priorities, recognize each priority represents a barrier for persons with disabilities, a barrier to having the information, skills, opportunities, and support to:

- Live free of abuse, neglect, financial and sexual exploitation, and violations of legal and human rights
- Make informed choices and decisions about their lives
- Achieve full integration and inclusion in society, in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of each individual

Essentially, each priority is designed to reduce barriers and as a result increase opportunities for individuals with disabilities. Three major resources were used in developing the program priorities

1) IPAS staff considered federal laws such as the

Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act) and the Protection and Advocacy for Mentally Ill Individuals Act of 1986. For example, the DD Act provides the Indiana Protection and Advocacy Services Commission with its PADD program emphasis of quality assurance, education, early intervention, child care, health employment, housing, transportation, recreation, and other service activities. The DD Act then suggests that advocacy, capacity building, and systems change are methods of implementing emphasis areas.

- 2) Next, data was collected from participants of seven focus groups and from individuals that responded to the IPAS priority survey. Fifty percent of respondents to this were primary and secondary consumers. The remaining 50 percent were professionals in the field.
- 3) Finally, IPAS staff experience was considered. Our experience has always been a reliable "barometer" of what remains to be accomplished.



Agency Wide Priorities

Priority I. To assure the provision of high-quality advocacy.

Objectives:

- Information and Referral mailed customer satisfaction survey: Maintain or exceed 90 percent affirmative ratings of all responses on all assessed parameters (i.e., staff respectfulness, knowledge level, professionalism, and promptness of staff response).
- Closed Case mailed customer satisfaction survey: Maintain or exceed 90 percent affirmative ratings of all responses on all assessed parameters (i.e., staff respectfulness, knowledge level, professionalism, promptness of staff response, willingness to use IPAS again, and satisfaction with services received).
- Closed Case telephone customer satisfaction survey: Maintain or exceed 90 percent affirmative ratings of all responses on all assessed parameters (i.e., staff respectfulness, knowledge level, professionalism, promptness of staff response, willingness to use IPAS again, and satisfaction with services received).

Priority II. Outreach to the public and to individuals with disabilities concerning disability rights issues, IPAS services, and IPAS successes.

Objectives:

- Conduct various public information activities, including a tri-annual newsletter, to inform individuals and groups about disability rights issues and IPAS services and successes.
- Obtain public comment on FY 2004 priorities for use in determining if revisions are needed for FY 2005.
- Increase effective use of information technology as a means of outreach.

Priority III. Outreach to minority and underserved individuals with disabilities, concerning disability rights issues, IPAS services, and successes.

Objectives:

- Outreach to Indiana's Native Americans.
- Outreach to Indiana's African Americans.
- Outreach to Indiana's Latino communities.

Priority IV. Provide timely and accurate information for management and reporting.

Objectives:

- Produce information for all agency programs' annual reports on timelines to be established for each of the programs, enabling timely completion of all annual reports.
- Develop and implement a plan to consolidate the client database with the NAPAS database.



Protection and Advocacy for Individuals with Developmental Disabilities (PADD)

Priority I. To reduce or eliminate the abuse and neglect of individuals with developmental disabilities.

Objectives:

- Review allegations of abuse and neglect and take appropriate action on behalf of 20 individuals with developmental disabilities that reside in state-operated facilities.
- Monitor selected death investigations of individuals with developmental disabilities that resided in state-supported settings to document that an investigation was initiated and completed by the responsible state entity.
- Document Adult Protective Services compliance with IC 12-10-3 (investigation of abuse and neglect) at state-operated facilities (SOF).
- Review complaints on behalf of 10 individuals with developmental disabilities and take appropriate action to assure that state-supported residential services, through the Division of Disability, Aging, and Rehabilitation Services, are provided in the least restrictive environment.
- Assure that community settings are safe and habilitation plans are appropriate for 25 individuals with developmental disabilities who have applied for, or are receiving, state-supported residential services through the Division of Disability, Aging, and Rehabilitation Services.
- Increase compliance with the Americans with Disabilities Act (ADA) in relation to the Olmstead decision and Indiana's community integration efforts.
- Review allegations of discrimination on behalf of 10 individuals with developmental disabilities who have been denied services under the ADA Title 2 and 3 or Fair Housing Act and take appropriate action.
- Through collaboration with the Governor's Planning Council, develop and administer a survey to document and improve accessibility of Marion County's polling places.
- Review allegations that educational services have been inappropriately reduced or terminated due to suspension or expulsion on behalf of 25 students with developmental disabilities and take appropriate action to assure their right to receive a Free and Appropriate Public Education (FAPE).
- Review allegations on behalf of five students with developmental disabilities in four targeted special education entities (maximum of 20 individuals represented) that may have been denied the benefits of or subjected to discrimination under the provisions of the Individuals with Disabilities Education Act or Sections 504 and 508 of the Rehabilitation Act of 1973 to obtain/retain appropriate educational services.
- Strengthen policies and practices affecting to the state's response to disability rights issues affecting individuals with developmental disabilities through participation on committees, groups and task forces.

Impact, Fall 2003 3



Protection & Advocacy for Individuals with Developmental Disabilities (continued)

- Strengthen state-operated facility policies and practices regarding resident rights through participation on at least 75 percent of Resident/Human Rights Committee meetings.
- Assure that all people with developmental disabilities receive equal justice as victims, witnesses, defendants, and offenders through the collaborative efforts of the members of the Indiana Partnership for Equal Justice, including representatives from the Governor's Planning Council for Persons with Disabilities (the state DD council) and the Indiana Institute for Disability and Community.
- Provide advocacy services for selected individuals with developmental disabilities when allegations of disability based discrimination may have systemic implications.
- In selected cases, IPAS legal representatives will serve as guardian ad litem or court appointed counsel for three individuals with developmental disabilities to provide additional protection to preserve their rights in the judicial system.
- Priority II. Provide timely and accurate information, to individuals with developmental disabilities, their families, and professionals, about disability rights and provide information and technical assistance concerning the exercise of these rights.

Objective:

■ Respond to requests for information and referral and technical assistance.

Priority III. Increase the awareness and empowerment of individuals with developmental disabilities, their families, and professionals through training about and technical assistance on disability rights and the exercise of these rights

Objectives:

- Conduct two treatment-rights training events for guardians or residents of Fort Wayne and Muscatatuck Developmental Centers.
- Provide technical assistance and information about disability rights and IPAS to parents or service program providers that have regular contact with parents of children with developmental disabilities.
- Disseminate information regarding disability rights and IPAS at two events related to the provisions of childcare for all children, including children with developmental disabilities.
- Conduct one statewide conference regarding residents' rights issues.
- Increase awareness regarding the voting rights of individuals with disabilities through the development and dissemination of a training video.



Protection and Advocacy for Individuals with Mental Illness (PAIMI)

Priority I. To reduce or eliminate the abuse and neglect of individuals with mental illness.

Objectives:

- Review allegations of abuse or neglect on behalf of 30 individuals who reside in state-operated mental health facilities and take appropriate action.
- Review allegations of abuse or neglect on behalf of 20 individuals seeking or receiving services at Comprehensive Mental Health Centers and take appropriate action.
- Monitor death investigations of individuals that resided in state-operated mental health facilities to document that an investigation was initiated and completed by the responsible state entity.
- Review or complete investigations of the deaths of three individuals residing in community placements where there was the use of restraint/seclusion.
- Review 10 allegations of inappropriate use of seclusion/restraints and take appropriate action.
- Review 10 allegations of incidents of abuse and neglect on behalf of individuals residing at Room and Board Assistance (RBA) facilities and take appropriate action.
- Document Adult Protective Services compliance with IC 12-10-3 (investigation of abuse and neglect) at state-operated facilities.

Priority II. To reduce or eliminate the denial of rights and discrimination due to a mental illness diagnosis.

- Review allegations of inappropriate individualized psychiatric treatment on behalf of three incarcerated individuals at any correctional facility and take appropriate action.
- Strengthen state-operated facility policies and practices regarding resident rights through participation in at least 75 percent of Resident/Human Rights Committee meetings.
- Identify barriers to adequate assessment and treatment of the physical condition of individuals with mental illness.
- Review allegations that educational services have been inappropriately reduced or terminated due to suspension or expulsion of 25 students with mental illness and take appropriate action to assure their right to receive a Free and Appropriate Public Education (FAPE).
- Review allegations on behalf of five students experiencing mental illness in four targeted special education entities (maximum of 20 individuals represented) that may have been denied the benefits of or subjected to discrimination under the provisions of the Individuals with Disabilities Education Act or Sections 504 and 508 of the Rehabilitation Act of 1973 to obtain/retain appropriate educational services.

Impact, Fall 2003 5



Protection and Advocacy for Individuals with Mental Illness (continued)

- Provide advocacy services for three individuals allegedly subjected to disability based discrimination where and when it is deemed that the case or situation may have systemic implications.
- Provide legal representation on behalf of three individuals to protect their disability rights through serving as court appointed counsel or guardian ad litem.
- Review/investigate 10 allegations of ADA (Titles 2 or 3) or Fair Housing Act violations and take appropriate action.
- Strengthen policies and practices affecting the state's compliance with the Americans with Disabilities Act in relation to the Olmstead decision and Indiana's community integration efforts and other disability rights issues through participation (75 percent of all meetings) on at least three committees, groups, or task forces.
- Cause systemic changes to stop the state's continued execution of individuals with serious mental illness.

Priority III. Provide timely and accurate information and technical assistance concerning the exercise of civil/disability rights to increase awareness and effective self-advocacy by individuals with mental illnesses, their families, and professionals.

Objectives:

- Conduct treatment/disability rights training sessions for residents of state-operated facilities.
- Conduct four civil/disability rights training sessions for family members.
- Conduct nine resident rights training events at selected Comprehensive Mental Health Centers.
- Conduct one statewide conference regarding residents' rights.
- Support the creation and/or development of Crisis Intervention Teams at one Indianapolis city police department.
- Provide timely, accurate information about disability rights and technical assistance to foster the exercise of these rights.
- Increase awareness regarding voting rights of individuals with mental illness through the development and dissemination of a training video.



Protection and Advocacy of Individual Rights Program (PAIR)

Priority I. Reduce or eliminate the abuse and neglect of individuals with disabilities.

Objective:

■ Review allegations of abuse or neglect and take appropriate action on behalf of 10 individuals with disabilities.

Priority II. Assure physical, program, and service access through compliance with Americans with Disabilities Act (ADA) and Fair Housing Act.

Objectives:

- Review and correct 10 substantiated ADA title II violations.
- Review and correct 10 substantiated ADA title III violations.
- Review allegations of discrimination on behalf of five individuals with disabilities that have been denied access to or retention of housing in violation of the Fair Housing Act or ADA and take appropriate action.
- Assure access for individuals with disabilities through participation on the ADA Steering Committee.

Priority III. Special Education Rights and Services

Objectives:

- Review 10 allegations that students with disabilities have had their educational services inappropriately reduced or terminated due to suspension or expulsion and take appropriate action to assure their right to receive a Free and Appropriate Public Education (FAPE).
- Review allegations on behalf of five students with developmental disabilities in four targeted special education entities (maximum of 20 individuals represented) that may have been denied the benefits of or subjected to discrimination under the provisions of the Individuals with Disabilities Education Act or Sections 504 and 508 of the Rehabilitation Act of 1973 to obtain/retain appropriate educational services (12 individual cases total).

Priority IV. Provide timely, accurate information and referrals about disability rights and technical assistance concerning the exercise of these rights.

Objective:

■ Provide accurate information about disability rights and assistance concerning the exercise of these rights.

Priority V. Increase awareness and effective self-advocacy by providing timely, accurate technical assistance about civil disability rights and the exercise of these rights.

Objectives:

■ Disseminate information regarding IPAS services to the regional offices of Housing Opportunities for People With AIDS (HOPWA).

Impact, Fall 2003 7



Protection and Advocacy of Individual Rights Program (continued)

- Identify parents or service programs that have regular contact with parents of children with disabilities and disseminate information regarding rights to equal access, information about IPAS, and other disability rights.
- Participate in at least two events related to the provision of childcare for all children, including children with disabilities.
- Participate in two events related to fair housing and housing discrimination.
- Increase awareness regarding voting rights of individuals with disabilities through the development and dissemination of a training video.

Priority VI. Identification of disability related barriers.

Objectives:

- Identify individuals or organizations representing individuals with disabilities who are not eligible for advocacy services provided through the PADD, PAIMI, CAP, PAAT, or PABSS programs.
- Identify those barriers that affect the ability of individuals with disabilities to live as independently and productively as they choose by meeting with individuals or representatives of various disability groups that cannot be served through other IPAS programs.

Priority VII. Disability Rights

Objectives:

- Provide legal representation in three select cases to protect the disability rights of individuals through serving as court appointed counsel or guardian ad litem.
- Provide advocacy services for three individuals with disabilities that have allegedly been subjected to disability based discrimination where and when it is deemed that the case or situation may have systemic implications.

Client Assistance Program (CAP)

Priority I. Secure services through Vocational Rehabilitation Services (VRS) and Independent Living Centers (ILC) for eligible individuals.

Objective:

■ Monitor VRS decisions in regards to eligibility of individuals seeking employment services.

Priority II. Advocate that VRS and independent living center services applicants and clients have the opportunity to make informed choices and fully participate throughout the VRS process.

Objectives:

■ Investigate complaints regarding failure of VRS and ILC in providing choices to individuals seeking services under these programs.



Client Assistance Program (continued)

■ Monitor the quality and completeness of Individual Plan for Employment (IPE) documents developed by VRS as they relate to the individual's identified vocational services and supports, as well as choice(s).

Priority III. Promote and preserve informed client choice in all proposed VRS policies.

Objective:

■ Assure that VRS continues to provide services as mandated per the Federal Rehabilitation Act of 1973 as amended.

Priority IV. Provide timely, accurate information about disability rights and technical assistance concerning the exercise of these rights.

Objectives:

- Respond to requests for information and referral and technical assistance.
- Provide information about VRS and the ILCs to individuals residing in Room and Board Assistance facilities (RBAs).

Protection and Advocacy for Beneficiaries of Social Security (PABSS)

Priority I. Provide assistance and individual representation to Social Security beneficiaries with disabilities who are seeking vocational rehabilitation services, employment services, and other support services from employment networks and other service providers.

Objective:

- Review and investigate any complaint of improper or inadequate services provided to a beneficiary with a disability by a service provider, employer, or other entity involved in the beneficiary's return to work effort.
- Priority II. Provide consultation to and legal representation on behalf of beneficiaries with disabilities when such services become necessary to protect the rights of such beneficiaries. To the extent possible, alternative dispute resolution procedures will be used.
- Priority III. Advocate to identify and correct deficiencies in entities providing vocational rehabilitation services, employment services, and other support services to beneficiaries with disabilities, including reporting to the program manager on identified deficiencies related to employment networks and other concerns related to the Ticket to Work and Self-Sufficiency program.

Objective:

■ Assure that all identified Employment Networks provide identified and required services to individuals desiring vocational outcomes under the Ticket to Work Program.



Protection and Advocacy for Beneficiaries of Social Security (continued)

Priority IV. Provide information and referral to Social Security beneficiaries with disabilities about work incentives and employment, including information on the types of services and assistance that may be available to assist them in securing or regaining gainful employment, particularly services and assistance available through employment networks under the Ticket to Work and Self-Sufficiency Program. Provide information and technical assistance on work incentives to individuals, attorneys, governmental agencies, employment networks, and other service providers and advocacy organizations.

Objective:

■ Provide outreach services to all entities approved by Maximus to be employment networks in the state of Indiana.

Protection and Advocacy for Assistive Technology (PAAT)

- Priority I. Assist individuals with disabilities in obtaining assistive technology services and devices in the areas of education, health care, employment, and community living and in the use of telecommunications.
- Priority II. Provide education and training to increase the self-advocacy skills of individuals with disabilities and their families, advocates, and other representatives to enable them to obtain assistive technology services and devices through self-advocacy. Attend state and national conferences, as funds allow, which provide information regarding current assistive technology issues and/or advocacy skills training.
- Priority III. Provide information and referral, advice, and technical assistance to individuals with disabilities, their families, and other advocates or representatives to assist them in obtaining assistive technology services and devices through self-advocacy.

Protection and Advocacy for Voting Accessibility (PAVA)

- Priority I. Survey to determine accessibility of all polling places in Marion County.
- Priority II. Develop and disseminate a "Voting Rights of Individuals with Disabilities" training video.

Protection and Advocacy for Traumatic Brain Injury

Indiana Protection and Advocacy Services is pleased to announce the addition of a seventh grant program, Protection and Advocacy for Traumatic Brain Injury, PATBI. This grant from the Maternal and Child Health Bureau of the Health Resources and Services Administration allows IPAS to expand services already being provided to individuals with traumatic brain injury under other grant programs.

PATBI funds will allow IPAS to assist the Brain Injury Association of Indiana (BIAI) in the updating, publishing, and printing of a new resource

directory for individuals with traumatic brain injury. IPAS will also partner with the BIAI in reestablishing an infrastructure of traumatic brain injury services within Indiana based upon identification of gaps that currently exist.

IPAS will develop outreach materials and provide these to various entities serving individuals with traumatic brain injury including school systems, Indiana Vocational Rehabilitation Services, and rehabilitation facilities, as well as consumers and their families.



Protection and Advocacy for Traumatic Brain Injury (PATBI)

Priority I. Provide timely, accurate information to individuals with traumatic brain injury, their families, and professionals about disability rights and provide information and technical assistance concerning the exercise of their rights.

Objective:

■ Respond to requests for information and referral and technical assistance.

Priority II. Assure access to services for individuals that have traumatic brain injury.

Objectives:

- Review allegations of discrimination on behalf of five individuals with traumatic brain injury who have been denied services under the ADA Title 2 and 3 or Fair Housing Act and take appropriate action.
- Review complaints on behalf of five individuals with traumatic brain injury and take appropriate action to assure that state-supported residential services are appropriate and provided in the least restrictive environment.
- Review allegations that educational services have been inappropriately reduced or terminated due to suspension or expulsion on behalf of five students with traumatic brain injury and take appropriate action to assure their right to receive a Free and Appropriate Public Education (FAPE).
- Increase compliance with the American's with Disabilities Act (ADA) in relation to the Olmstead decision and Indiana's community integration efforts.

Priority III. Develop and implement outreach strategies to assure that IPAS services will be delivered appropriately for individuals with traumatic brain injuries and their families.

Objectives:

■ Provide information about traumatic brain injuries and disability rights to those entities serving individuals with traumatic brain injury.

Priority IV. Identify those critical barriers that prevent individuals with traumatic brain injury from living their lives as independently and productively as they wish.

Objectives:

- Identify and utilize relevant research-based information about the service needs of individuals with traumatic brain injury and state-of-the-art systems development approaches to enhance services for individuals.
- Partner with entities serving individuals with traumatic brain injury to identify services within the state of Indiana.
- Contact both the Indiana State Department of Health, the Brain Injury Association of Indiana, and other applicable state agencies, to assist them in the procurement of federal grant funds.
- Achieve policy changes that will promote the incorporation of services for individuals with traumatic brain injuries and their families into the state service delivery system.

Glimpses of IPAS

Susan and State Medicaid Office

IPAS opened another case to challenge the State Medicaid Office's decision to deny a wheelchair to an individual, despite the fact that the wheelchair had been prescribed by the individual's treating physician. This case involves a woman living in a long-term care facility in Delaware County. The individual was diagnosed 15 years ago with Multiple Sclerosis (she also has a seizure disorder). The current wheelchair is woefully inadequate. It's now too small for her, causing skin breakdown, chronic neck, shoulder and back pain. She is experiencing increased difficulty swallowing as a result of the pressure on her esophagus caused by her distorted seating position. As this condition worsens, she will be at increasing risk of choking during meals. She is also experiencing worsening of her knee contractures, which contributes to her poor seating posture by pulling her forward in her current wheelchair.

By the time IPAS was contacted regarding

John and Vocational Rehabilitation

"John," an individual with spastic quadriplegia due to a spinal cord injury from an automobile accident, contacted IPAS in July 2002. John had previously been a client with Office of Vocational Rehabilitation Services (VR). VR helped John in obtaining his college education and a modified van.

John found a job with the federal government and maintained this employment for nine years. John followed a routine maintenance schedule and the van had low mileage. The van's modifications had begun to fail, leaving John stranded when the van lift would not operate properly. John reapplied for VR services, but was found

ineligible by his VR Counselor when she determined that he did not have "a substantial impediment to employment." Although the state of Indiana has not implemented a "financial means test," the VR Counselor used John's income as a deciding factor in denying him services. The CAP Advocate Specialist attempted to negotiate a favorable eligibility decision. When this failed to resolve the issue, she represented John at an administrative hearing. The Independent Hearing Officer found that the VR Counselor had erred in finding John ineligible for VR services. John was determined to be eligible for VR services and his van modifications were made, allowing him to continue his employment.

this case, the client had already received an unfavorable decision at the administrative level. IPAS filed a Petition for Judicial Review to Challenge an Administrative Decision in the client's county of residence. Shortly thereafter, IPAS filed a petition to enjoin defendants from denying the prescribed wheelchair during the pendency of her case before the court. Accompanying our petition to enjoin were two affidavits; one from client's treating physician, the other from her treating neurologist. These affidavits confirmed that client is suffering from irreparable harm during the time she's forced to spend in an adequate wheelchair. Soon after we filed our petition to enjoin, we were contacted by the Deputy Attorney General assigned to the case. She expressed her intention to request the state Medicaid office review their decision to deny the wheelchair to our client. IPAS has received notification from Medicaid that they have reversed their previous denial and now have agreed to provide funding for her wheelchair.

The names in these cases had the anonymity of the client closed, but in many instance that the ruling and agreem 2003, IPAS represented 69 well over 3,3

services in action

Lisa and Public School

"Lisa" is a 15-year-old student with a diagnosis of Emotional Handicap/Non-Verbal Learning Disability. Her father had recently passed away when Lisa's mother contacted IPAS in May of 2003. The school Lisa attended accused her of having alcohol on school property and

suspended her with the intention of expelling her should the behavior be determined not to be a manifestation of her disability.

Initially, Lisa admitted to bringing the alcohol onto school property. However, upon further investigation, it was determined that Lisa did not bring alcohol onto the premises. Although Lisa is normally supervised going to and from school, that particular day she walked to school alone. She met with a male friend who had the alcohol.

She drank some of the alcohol with the friend in an alley near the school. School personnel smelled the alcohol once Lisa arrived at school and sent Lisa home. When the school questioned Lisa about the incident, she took the blame because she believed that the friend's father was abusive and the friend would be hurt if he were to get in trouble over the alcohol. Lisa later admitted to what really happened. Lisa's counselor stated in a letter to the case conference committee that Lisa's behavior was a result of her disability and recommended that Lisa not be expelled. At the case conference Lisa's mother, the IPAS advocate, and the school discussed the need for constant supervision. The case conference committee agreed that Lisa's actions were a manifestation of her disability and decided that Lisa should return to school.

Mary and Moose Lodge #17

"Mary" is a 62 year old lady with both legs amputated above the knees. Mary uses a wheelchair for mobility. She is a member of a Moose Lodge. Mary attended a meeting at another Moose Lodge. Mary contacted IPAS with a complaint that the bathrooms at this Lodge were not accessible. After investigating the complaint, the IPAS Advocacy Specialist agreed there was an ADA violation. The Advocacy Specialist left messages for the President of the Lodge, but he did not return the calls. At that point, the Advocate suggested that Mary contact the Department of Justice ("DOJ") and file a complaint. Mary agreed and the Advocacy Specialist assisted Mary in writing and filing the complaint.

DOJ assigned Key Bridge Foundation

to mediate the issue. The mediator contacted the Lodge and gave them the opportunity to comply with the ADA. After approximately a month, it became apparent that no action was to be taken. Mary and the Advocacy Specialist contacted Key again with pictures of the bathrooms. At that time, the president of the Lodge requested formal mediation. The Advocacy Specialist attended the mediation with Mary on May 22. In the mediation, parties agreed that the men's and women's bathrooms would be in compliance with the ADA by August 22. On September 5 an on-site check indicated that the bathrooms were in compliance with the mediation agreement. Both men's and women's bathrooms at this Moose Lodge are now accessible.

ave been changed to protect at. These cases have been are followed up to ensure

ave been changed to protect that. These cases have been es are followed up to ensure ents are being honored. In 98 individuals and handled 60 inquiries.



Readership Survey

To evaluate how we are doing and to enhance the publication, we are conducting the following readership survey. Please complete the survey and fax your response to IPAS Survey, 317-977-2208 or mail to IPAS Survey, 135 S. Illinois Street, Indianapolis IN 46225. The questionnaire is also available online at www.ipassurvey.com. Your individual responses will be kept strictly confidential. Thank you in advance. Your participation will help us to continually improve IMPACT.

How often do you read IMPACT? Please circle one. a. Every issue b. Occasionally c. Rarely	11. Which issue do you read most often?a. Fallb. Winterc. Spring/Summerd. All equally
2. How many people read the copy sent to this address?	19 How show would you must make mad the manufattor?
3. When you read the newsletter, how much do you normally read? Choose one answer. a. All or almost all of the articles b. Skim through and read a few articles c. Glance at the headlines	12. How often would you prefer to read the newsletter? a. Monthlyb. Quarterlyc. Annually13. Is there anything you would like to see more of?
4. Please rate the quality of <i>IMPACT</i> on the following: (1 is low, 5 is high)	
 a. Appearance b. Photographs and design c. Writing style d. Diversity of issues covered e. Credibility of information f. Objectivity and fairness g. Usefulness in keeping informed about IPAS 	14. Other suggestions?
5. Do you have Internet access?	
6. If you have Internet access, how often do you use the	Tell us about your self.
Internet? a. Daily	Gender: (circle one) Male Female
b. Several Times a Week c. A few times a month d. Never	Age: a. Under 18 b. 19-24 c. 25-39
7. Do you read IMPACT on the Internet?	d. 40-59 e. 60+
8. If IMPACT were available as an Internet-only resource would you read it?	Please tell us who you are
9. Do you have an e-mail address?	a. Individual with a disabilityb. Advocatec. Family member
10. Would you prefer to receive the newsletter electronically instead of in hard copy?	d. Service provider



Indiana Protection and Advocacy Services

IPAS Commission

Patricia L. Andersen*

Lake Co.

Vicki Conlin (Secretary)

Clark Co.

Kristie M. Carter* (Chairperson)

Marion Co.

Sarah Emerson

Vigo Co.*

Lisa Floyd

Madison Co.

Marla Green-VanWinkle

Warrick Co.

Veronica Macy* (Vice Chairperson)

Hamilton Co.

Gary May

Warrick Co.

Melanie Motsinger

Allen Co.

Kathy Osborn

Marion Co.

William Riggs, Ph.D

Hancock Co.

Alan Spaulding

Blackford Co.

Cecilia Weber

Tippecanoe Co.

Advisory Members

Senator Robert N. Jackman, D.V.M

Decatur, Fayette, Franklin, Rush, Shelby Co.'s

Representative John J. Day

Marion Co.

*Gubernatorial appointment

IPAS Mental Illness Advisory Council

Pablo Garcia, Jr.*

Howard Co.

Lisa Gibson*

Putnam Co.

Merrill Grile* (Vice Chairperson)

Madison Co.

James F. Hurst* (Secretary)

Howard Co.

Pamela McConey*

Hamilton Co.

Ron Riggs, Ph.D.*

Howard Co.

Cecilia Weber* (Chairperson)

Tippecanoe Co.

Terry A. White*

Warrick Co.

Eric Wright, Ph.D.*

Marion Co.

Staff Positions

Executive Staff

Thomas Gallagher

Executive Director

Milo Gray, Jr.

Legal and Client Services Director

Gary Richter

Support Services Director

Support Services Division

Joyce Cook

Secretary

Anthony Liggins

Data Entry

Elizabeth Najar

Program Specialist

Karen Pedevilla

Education/Training Director

Sondra Poe

Administrative Secretary

Lori Sanders

Account Clerk

Judith I. Wade

Fiscal Officer

Client and Legal Services

Debra Dial Attorney

PAIR Program Coordinator

Gary Ricks Attorney

PAAT Program Coordinator

Jennifer Woods Attorney

PAVA Program Coordinator

Sue Beecher

Assistant Director of Client Services PABSS/CAP Program Coordinator

David Boes

Assistant Director of Client Services

PAIMI Program Coordinator

Dee Enrico-Janik

Assistant Director of Client Services

PADD Program Coordinator

Vivian Bradley

Advocacy Specialist

Donna Dellinger Advocacy Specialist

Debbie Dulla

Advocacy Specialist

Candace Fegley

Advocacy Specialist

Doug Goeppner

Advocacy Specialist

Bonnie Kirk

Advocacy Specialist

Peggy Owens

Advocacy Specialist

Amy J. Penrod-Spicer

Advocacy Specialist

Debra Thomas

Advocacy Specialist

Daniel Ward

Advocacy Specialist

Terry Whiteman

Advocacy Specialist

Cathy Wingard

Advocacy Specialist



IPAS is always looking for new Commission and Advisory Council members to help serve the needs of individuals with disabilities and mental illnesses.

Commission members must have a commitment toward promoting the legal and civil rights of persons with developmental disabilities, mental illness or other disabilities, and to the cause of protecting and promoting those individuals' rights to make their own personal choices.

The IPAS Commission consists of 13 members. The Governor appoints four. The remainder are appointed by majority vote of the membership.

The Mental Health Advisory Council consists of 10 members appointed by the Governor. Members serve four-year terms.

For more information, call the Protection and Advocacy System for Indiana at (317) 722-5555.



IMPACT is the newsletter of Indiana Protection & Advocacy Services. This newsletter is available upon request in alternative formats.

IPAS is an independent state agency funded entirely through federal funding via grants from the U.S. Department of Health and Human Services, the Social Security Administration, and U.S. Department of Education. This publication was made possible by funding from these grant sources and funding support from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, National Institute on Disability and Rehabilitation Research, and Maternal and Child Health Bureau.

These contents are solely the responsibility of the grantee and do not necessarily represent the views of the federal or state government.



4701 N. Keystone Ave. Suite 222, Indianapolis, IN 46205 (317) 722-5555

Statewide Toll Free (800) 622-4845

TTY (800) 838-1131 (317) 722-5563 Fax (317) 722-5564

www.IN.gov/ipas

E-mail: info@ipas.state.in.us

PRESORTED
STANDARD MAIL
U.S. POSTAGE PAID

Indianapolis IN Permit No. 803